

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 12  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address Split Oak Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">47.50</div>	
City charlotte	State NC	Zip Code 28227	<b>Transaction ID : 869b051e-6e25-4616-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">280895.88</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address Split Oak Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.22</div>	
City charlotte	State NC	Zip Code 28227	<b>Transaction ID : 31245d6b-a264-438e-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">280895.88</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">61.72</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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**11 / 17 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Patricia F Arnold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address 1117 Clipper Dr		Amount <b>27.00</b>	
City Slidell	State LA	Zip Code 70458	Transaction ID : <b>b94d1de8-f7ee-4596-8</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Patricia F Arnold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address 1117 Clipper Dr		Amount <b>5.85</b>	
City Slidell	State LA	Zip Code 70458	Transaction ID : <b>69c377ea-0b12-4bc4-8</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>32.85</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address 2506 Bolch Street		Amount <b>80.00</b>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : e958cd67-2b8c-436a-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address 2506 Bolch Street		Amount <b>35.10</b>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 5be7cb91-98f5-4054-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>115.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gary W Fuhrmann</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address    9425 Jessica Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">62.50</div>	
City Shreveport	State LA	Zip Code 71106	<b>Transaction ID : 4e3cedab-6f4f-4b93-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">280895.88</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Gary W Fuhrmann</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address    9425 Jessica Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.40</div>	
City Shreveport	State LA	Zip Code 71106	<b>Transaction ID : 1c83bbb0-1339-413e-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">280895.88</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">70.90</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Cynthia N Schmit</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address 2226 Taft Circle Apt 1		Amount <b>20.00</b>	
City Winchester	State VA	Zip Code 22601	Transaction ID : <b>2d2447e0-7814-4766-a</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>280895.88</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address 202 Rue Des Cajun		Amount <b>20.00</b>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : <b>674cd461-2f6a-4d6a-b</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>280895.88</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>40.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 17 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 6 OF 12  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 16 / 2014</div> </div>	
Mailing Address 202 Rue Des Cajun		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.10</div>	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : 749fc0fb-1444-4ad3-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 16 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lilly Green</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 16 / 2014</div> </div>	
Mailing Address 205 Medallion Circle		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City Shreveport	State LA	Zip Code 71119	<b>Transaction ID : 28b3be3b-2981-467d-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 16 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">94.10</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

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Date

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11 / 17 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lilly Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address <b>205 Medallion Circle</b>		Amount <b>57.00</b>	
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>	Transaction ID : <b>c649096c-65bb-493b-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280895.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address <b>6101 NORA ST</b>		Amount <b>40.00</b>	
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70003</b>	Transaction ID : <b>85affbbd-b528-41fd-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280895.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>97.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address <b>6101 NORA ST</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.50</div>	
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70003</b>	<b>Transaction ID : c30b9bde-912d-414a-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">280895.88</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Theresa a Youngblood</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address <b>102 S Main Street Apt A2</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City <b>Berryville</b>	State <b>VA</b>	Zip Code <b>22611</b>	<b>Transaction ID : 186b45e3-a29e-4240-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">280895.88</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">81.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

 MM / DD / YYYY  
**11 / 17 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 9 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Colton R Overcash</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address 121 Ohara Dr		Amount <b>92.00</b>	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 39e0ee57-99a4-4c6f-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought <b>280895.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Colton R Overcash</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address 121 Ohara Dr		Amount <b>44.40</b>	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 65e9bfd1-2281-4a4a-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought <b>280895.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>136.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 17 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 10 OF 12  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Christine Stevens</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 16 / 2014</div> </div>	
Mailing Address 100 Asbury Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>	
City Winchester	State VA	Zip Code 22602	<b>Transaction ID : 395e42b8-b82a-4844-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 16 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">280895.88</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jazmine d Conner</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 16 / 2014</div> </div>	
Mailing Address 100 ASBURY CT		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>	
City WINCHESTER	State VA	Zip Code 22602	<b>Transaction ID : e8e87311-888b-4d4d-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 16 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">280895.88</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 11 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jon E Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address 100 Asbury Ct		Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : a15fadaf-45f2-4457-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Rodney O Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address 100 Asbury Ct		Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 59ebe019-60fa-4715-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 17 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 12 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>b251fb22-2dcc-4e4d-a</b>
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Rze Culbreth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2014</b>	
Mailing Address 100 Asbury Ct		Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>dcdb678b-470a-4418-a</b>
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 16 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	909.57

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**11 / 17 / 2014**

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